

AFTERSCHOOL SNACK PROGRAM SIGN IN SHEET



SITE: _____ DATE: _____ TOTAL COUNT: _____

1.	21.
2.	22.
3.	23.
4.	24.
5.	25.
6.	26.
7.	27.
8.	28.
9.	29.
10.	30.
11.	31.
12.	32.
13.	33.
14.	34.
15.	35.
16.	36.
17.	37.
18.	38.
19.	39.
20.	40.

DAI LY RECORD FORM

AFTERSCHOOL SNACK PROGRAM

School Food Authority: _____ Site: _____

Date Snack Served	Free Regular	Reduced-Price Regular	Paid Regular	Free Needy (>50% F/R)	Adults (Do Not Claim)
Total					

INSTRUCTIONS

Free, Reduced-Price and Paid Regular: Snacks must be claimed according to the eligibility category for each student served in a non-area eligible school (less than 50 percent free/reduced-price).

Free Needy: Snacks must be served free in an area eligible school (greater than 50 percent free/reduced-price). All snacks will be reimbursed at the free reimbursement rate.

Note: Snacks may only be claimed during days in which children attend school.

Signature: _____ Date: _____

Maintain at District Office - Do Not Mail to State Agency Revised 07/04



Prepared by the Office of Public Instruction - PO Box 202501, Helena, MT 59620

MONTHLY CONSOLIDATION RECORD FORM AFTERSCHOOL SNACK PROGRAM

School Food Authority: _____ Site: _____ Month: _____

Date Snack Served	Free Regular	Reduced-Price Regular	Paid Regular	Free Needy (>50% F/R)	Adults (Do Not Claim)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					

INSTRUCTIONS

Free, Reduced-Price and Paid Regular: Snacks must be claimed according to the eligibility category for each student served in a non-area eligible school (less than 50 percent free/reduced-price).

Free Needy: Snacks must be served free in an area eligible school (greater than 50 percent free/reduced-price). All snacks will be reimbursed at the free reimbursement rate.

Note: Snacks may only be claimed during days in which children attend school.

Signature: _____ Date: _____

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